

THIS FORM IS CONFIDENTIAL AND IS NOT A PUBLIC RECORD.

ALL COURTS IN ARIZONA

ADDRESS

CITY, AZ ZIP CODE

TELEPHONE NUMBER

Case No. _____

Plaintiff's Information Sheet

Please **PRINT** all information on this form and on the petition *after* you have read the Plaintiff's Guide Sheet for Protective Orders.

Your name	Your birth date	
Business name (if workplace injunction)		
	Main phone number	*Cell
Address	*May the court text you at this or another number? <input type="checkbox"/> Yes <input type="checkbox"/> No Alternate number	
City, State, ZIP		
Mailing address (if different)	Email	

CONFIDENTIAL ADDRESS. Your address and contact information are confidential. Indicate any other addresses that should be kept confidential. Do **not** include confidential addresses on the petition as a copy of it will be served on the defendant. ☐ Keep work address confidential. ☐ Keep school address confidential.

RELATIONSHIP*

Choose the option that best describes your relationship to the defendant.
*If you are applying on behalf of another person, choose the relationship between the **other person** and the defendant.

- | | |
|--|--|
| <input type="checkbox"/> Married (past or present) | <input type="checkbox"/> Related as parent, grandparent, child, grandchild, brother, sister (including step or in-law) |
| <input type="checkbox"/> Live/lived together as intimate partners | <input type="checkbox"/> Live/lived together but not as intimate partners |
| <input type="checkbox"/> Romantic or sexual relationship (past or present) | <input type="checkbox"/> Dating (but not romantic or sexual) |
| <input type="checkbox"/> Parent of a child in common | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> One party is pregnant by the other | |

Defendant's name _____	Telephone _____
Address _____	Cell phone _____
City, State, ZIP _____	Email _____

DEFENDANT IDENTIFIERS Please provide all information to the best of your knowledge. <i>If you do not know the defendant's birth date, make your best guess.</i> If you have estimated the birth date, please check the "Estimated" box.	Sex	Race	Birth date	Height	Weight
			<i>required</i> <input type="checkbox"/> Actual <input type="checkbox"/> Estimated		
	Eye color	Hair color	Social Security #		
	Driver license #: _____ State: _____ Expiration date: _____				